

<b>PRODUCER</b> Low & Johnson, Inc. PMB 618 10645 N. Tatum Blvd, Suite 200 Phoenix AZ 85028-3053 Phone: 480-948-7838 Fax: 480-948-1707		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  Linda Cannon & Associates Inc. 12120 South 43rd Avenue Laveen AZ 85339		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Owners Insurance Company</b>	
		INSURER B: <b>Twin City Fire Ins. Co.</b>	
		INSURER C: <b>United States Liability</b>	
		INSURER D:	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	X		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	967250300	10/01/05	10/01/06	EACH OCCURRENCE	\$ 1000000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
								MED EXP (Any one person)	\$ 5000
								PERSONAL & ADV INJURY	\$ Excluded
								GENERAL AGGREGATE	\$ 2000000
								PRODUCTS - COMP/OP AGG	\$ 2000000
				<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
				<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
								OTHER THAN AUTO ONLY: EA ACC	\$
								AGG	\$
				<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
								AGGREGATE	\$
									\$
									\$
									\$
B				<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	59WECJB7208	12/23/05	12/23/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
								E.L. EACH ACCIDENT	\$ 1000000
								E.L. DISEASE - EA EMPLOYEE	\$ 1000000
								E.L. DISEASE - POLICY LIMIT	\$ 1000000
C				<b>Professional Liab</b> \$1000 Ded Ea Claim	SP1001416D	03/06/06	03/06/07	Ea Claim	\$1,000,000
								Aggregate	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Contract #SCC060004

The State of Arizona, its depts., agencies, boards, commissions, universities, and its officers, officials, agents & employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the contractor.

## CERTIFICATE HOLDER

AHCCC-1

AHCCCS  
Jamey Schultz  
Contract Management Specialist  
701 E. Jefferson St., MD5700  
Phoenix AZ 85034

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☐ Taxpayer Identification Number (TIN) **86-0729258**
☒ TIN ☒ Employer Identification Number (EIN)
 ☐ State of Arizona HRIS EIN  
 State of Arizona Employees ONLY

☐ Legal Name  
 Must match TIN above

LINDA CANNON &amp; ASSOCIATES, INC.

☐ Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ PLLC, LLC (5C)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (50)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☐ Minority Business Indicator Select one of the following

- ☐ Small Business (01)  
☐ Small Business- African American (23)  
☐ Small Business- Asian (24)  
☐ Small Business- Hispanic (25)  
☐ Small Business- Native American (27)  
☐ Small Business- Other Minority (05)  
☒ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business- African American (29)  
☐ Small, Woman Owned Business- Asian (30)  
☐ Small, Woman Owned Business- Hispanic (31)  
☐ Small, Woman Owned Business- Native American (33)  
☐ Small, Woman Owned Business- Other Minority (11)  
☐ Woman Owned Business (03)  
☐ Woman Owned Business- African American (17)  
☐ Woman Owned Business- Asian (18)  
☐ Woman Owned Business- Hispanic (19)  
☐ Woman Owned Business- Native American (21)  
☐ Woman Owned Business- Other Minority (08)  
☐ Minority Owned Business- African American (04)  
☐ Minority Owned Business- Asian (32)  
☐ Minority Owned Business- Hispanic (74)  
☐ Minority Owned Business- Native American (15)  
☐ Minority Owned Business- Other Minority (02)  
☐ Non-Profit, IRC §501(c) (88)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☐ Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Address

12120 S. 43RD AVENUE

Address continued

City **Laveen** State **ARIZONA** Zip code **85339**

☐ Remit to Address ☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

☐ Contact Information

Name **LINDA CANNON**Phone # **602 279 7905** EXTFax **602 263 9266**email **LINDAC@CANNON-INC.COM**

☐ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Title **PRESIDENT**Date **5-30-06**

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number

MC

Processed by

Date Processed